

**CEC REPORT FORM**  
FOR MONTANA CONTINUING EDUCATION CREDIT  
Mail completed originals to DEQ

Form #ATP4  
CREDIT.FRM  
Rev. 12/02

**Instructions:** To receive CECs for attending this course, the original of this form must be completed and returned to the certification office. Operators should complete white portions of form; course provider should complete the shaded portions. The course provider must mail the completed form, no later than two weeks after the course is given, to the **WATER/WASTEWATER OPERATOR CERTIFICATION OFFICE, Box 200901, Helena, MT 59620-0901 (406/444-4584).**

**CEC INFORMATION:** (training provider completes)

**CECS EARNED:** WATER \_\_\_\_ . \_\_\_\_ WASTEWATER \_\_\_\_ . \_\_\_\_ TRAINER \_\_\_\_ . \_\_\_\_

**OPERATOR INFORMATION:** (operator completes - **please print**)

OPERATOR NUMBER: \_\_\_\_\_ CERTIFICATION CLASS AND TYPE:

NAME:

SYSTEM OPERATED:

ADDRESS:

CITY: \_\_\_\_\_ DAYTIME PHONE #:

IS THIS A NEW ADDRESS? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU **NOT** A CERTIFIED OPERATOR? Shall we send application materials? YES \_\_\_\_\_ NO \_\_\_\_\_

OPERATOR SIGNATURE: \_\_\_\_\_

**COURSE INFORMATION:** (training provider completes)

TITLE OF COURSE:

LOCATION OF COURSE: \_\_\_\_\_ DATE OF COURSE:

TYPE OF CERTIFICATION COURSE WAS APPROVED FOR: WATER \_\_\_\_\_  
WASTEWATER \_\_\_\_\_

NUMBER OF CREDITS APPROVED FOR COURSE: \_\_\_\_\_

FACILITY-BASED TRAINING? YES \_\_\_\_\_ NO \_\_\_\_\_ DUAL CEC COURSE? YES \_\_\_\_\_ NO \_\_\_\_\_

**TRAINING PROVIDER INFORMATION:** (training provider completes)

TRAINING PROVIDER: \_\_\_\_\_

SIGNATURE OF VERIFYING OFFICIAL: \_\_\_\_\_

**COMMENTS ON TRAINING COURSE:** (for optional use by operator)

Person approving course assignment should report correspondence courses approved by the DEQ on this form after signature.  
For information on your CEC status, contact Ashley Eichhorn, Water/Wastewater Certification, (406/444-4584).